

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42384

State File No. _____

FILED JAN 20 1942

Registration District No. 4-20

Primary Registration District No. 5658

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Rural Milwood
(c) Name of hospital or institution: Farm Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ALFRED B. RIGG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race M 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bessie Rigg 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 7 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Center, Mo. (City, town, or county) (State or foreign country) U.

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Joe L. Rigg

13. Birthplace Rails Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Ellen Hulse

15. Birthplace Rails Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Laura Fletcher

(b) Address Hamlet Mo

17. (a) Burial (b) Date thereof 12/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Center

18. (a) Signature of funeral director Ellen Hulse

(b) Address Center Mo

19. (a) 12-25-1941 (b) O. R. Dawson (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Farm 3 miles South Silex (If rural, give location)
(e) If foreign born, how long in U. S. A.? Native of Mo years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 1941;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Dec. 24 1941

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature M. P. Piddell (M. D. or other)

Address Ray Mo Date signed 12/24/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 6 1942

1942 4 3 1942 310

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *John P. Hume*

Licensed Embalmer No. *3356*

P. O. Address *Center M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.